Docket No.:

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled

"SWIMMII	NG GOGGLES"	
the specification of which is attached hereto. was filed on as International Patent Appl	ication No, and	d (if applicable) was amended on
I hereby state that I have reviewed and understand the contents of the above iden	ntified specification, including the claims, as a	mended by any amendment referred to above.
acknowledge the duty to disclose information of which I am aware and which is r	material to the examination of the patent appl	ication in accordance with 37 CFR §1.56.
I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) application which designates at least one country other than the United States, lis inventor's certificate, or PCT International application having a filing date before the	sted below and have also identified below, b	y checking the space, any foreign application for patent or
Prior Foreign Application(s)		
Number Country	Day/Month/Year Filed	Priority Not Claimed
2003-61913 Japan	07/03/2003	
hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional	al application(s) listed below.	
Application Serial Number	Filing Date	9
hereby claim the benefit under 35 U.S.C. §120 of any United States application insofar as the subject matter of each of the claims of this application is not discorargraph of 35 U.S.C. §112, I acknowledge the duty to disclose information knowledge the filing date of the prior application and the national or PCT international	closed in the prior United States or PCT Int own to me which is material to the patental.	emational application in the manner provided by the first
Application Serial Number Filing Date	Status (patented,	pending, abandoned)
Each undersigned applicant hereby appoints CONRAD J. CLARK (Regi	istration No. 30 3/0) and CHRISTORY	ED W BDODY /Projectration No. 22 542) con his
attorneys with full power of substitution to prosecute the subject application ar	nd to transact all business in the Patent an	d Trademark Office connected therewith.
Send Correspondence to: CLARK & BRODY, 1750 K Street, NW, Suite 6		
hereby declare that all statements made herein of my own knowledge are true and were made with the knowledge that willful false statements and the like so made are that such willful false statements may jeopardize the validity of the application or any p	punishable by fine or imprisonment, or both, u	lief are believed to be true; and further that these statements nder Section 1001 of Title 18 of the United States Code and
Full name of sole or first inventor: HARUO KAWASHIMA		
nventor's signature: <u>) darwo Kawaskima</u>	Date:	12/02/2004
Decidence: Malana Tanan		
Citizenship: Japan		
Post Office Address: c/o TABATA CO., LTD., 1-3-17	Higashi-Komagata, Sumi	da-ku, Tokyo, Japan
full name of second joint inventor, if any: SHUNJI FUKASAWA		·
nventor's signature: <u>Shunji Fukasawa</u>	Date:	12/02/2004
Residence: Tokyo, Japan		
Citizenship: Japan		
Post Office Address: c/o TABATA CO., LTD., 1-3-17	Higashi-Komagata, Sumi	da-ku, Tokyo, Japan
X Third and sub-	osequent joint inventors are listed on seco	nd sheet

Docket No.:

Full name of third joint inventor, if any: ISAMU YAMAZAKI	
Inventor's signature: ISAMU YAMAZAK/	Date: 12 / 02 / 200 4
Residence: Tokyo, Japan	
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Post Office Address: c/o TABATA CO., LTD., 1-3-17 Higashi-Komagata,	Sumida-ku, Tokyo, Japan
Full name of fourth joint inventor, if any:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	****
Full name of fifth joint inventor, if any:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	
Full name of sixth joint inventor, if any:	
Inventor's signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	